



# Advertising Insertion Order

Missouri Agent is a publication of the Missouri Association of Insurance Agents

#1. I hereby authorize you to reserve the following advertising space in MAIA's bimonthly magazine, Missouri Agent, in accordance with the rates and requirements listed on the current rate card: (Measurements given are width x height.)

- Full Page (7 1/2 x 10")
- 1/4 page (4 3/8 x 3 3/4")
- CLASSIFIED AD
- 1/2 page horiz. (7 1/2 x 4 3/4")
- 1/2 page vert. (4 3/8 x 6 1/2")

#2. Please schedule my ad(s) in the following issue(s): Please check appropriate month(s) and write in year.

Month	Year	Month	Year	Month	Year
<input type="checkbox"/> Jan/Feb	_____	<input type="checkbox"/> May/June	_____	<input type="checkbox"/> Sept/Oct	_____
<input type="checkbox"/> March/April	_____	<input type="checkbox"/> July/Aug	_____	<input type="checkbox"/> Nov/Dec	_____

#3. I have reviewed the rates on the current rate card and understand that I will be billed at the following rates:

- a. Choose one:  Non-member       Member       Partner
- b. Choose one:  1 time       3 times       6 times
- c. Choose one:  Color       Black and White
- d. If applicable:  Special Positioning: Inside cover, right side, front half, etc. (I have received a quote from MAIA.)

#4. Advertising copy:  New ad enclosed.  
 Ad will be forwarded to reach MAIA by the closing date for the issue. (Contact's name and email, if different than person authorizing ad \_\_\_\_\_)  
 Repeat ad from \_\_\_\_\_ Missouri Agent  
(month & year)

#5. Future ads:  Same ad will run for all insertions.  New ad will be sent for each insertion.

#6. Invoices for advertising should be sent to:  Advertiser  Ad agency listed below.

#7. I have read the contract and copy regulations on the MAIA rate card.

Signed,

\_\_\_\_\_  
Authorized Signature

#8. Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Person Authorizing Ad \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

#9. To be completed if ad is submitted by an advertising agency:

Ad Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Agency Representative \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Insertion order will be acknowledged by email.

Submit insertion order to Sheryl Van Leer at [svanleer@moagent.org](mailto:svanleer@moagent.org) or by fax at 573-893-3708.

Ad copy should be submitted electronically, preferably by email. A mailed disc or jump drive is also acceptable.

### Missouri Association of Insurance Agents

3315 Emerald Lane, Jefferson City, MO 65109 • P.O. Box 1785, Jefferson City, MO 65102-1785  
573-893-4301 • Fax 573-893-3708 • Email [svanleer@moagent.org](mailto:svanleer@moagent.org) • [www.missouriagent.org](http://www.missouriagent.org)